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September 8, 2006 Number of Pages: 6 Please call the following number if the message you receive is incomplete or not legible: (404) 872-7000
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To: **Company:** **Fax:** **Phone:**
Commissioner for Patents U.S. Patent and Trademark 571-273-8300
Examiner: Johnson, J.D. Office

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

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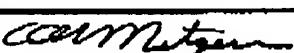
Application Number	10/770,882
Filing Date	January 30, 2004
First Named Inventor	Robert L. Sutherland
Art Unit	3728
Examiner Name	Johnson, Jerrold D.

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Attorney Docket Number

R029 1450

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08A (1 page)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Womble Carlyle Sandridge & Rice, PLLC	
Signature		
Printed name	C. Keith Montgomery	
Date	September 8, 2006	Reg. No. 45,254

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Pam Turnbough

Date September 8, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-042)

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Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$).00

Complete If Known

Application Number	10/770,882
Filing Date	January 30, 2004
First Named Inventor	Robert L. Sutherland
Examiner Name	Johnson, Jerrold D.
Art Unit	3728
Attorney Docket No.	R029 1450

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>Keith Montgomery</i>	45,254	404-879-2443

Name (Print/Type) C. Keith Montgomery Date September 8, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
Robert L. Sutherland)
Serial No.: 10/770,882)
Filed: January 30, 2004)
For: BEVELED CORNER CARTON WITH AN
INTERLOCKING SEPARATOR PAD

FOURTH INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby voluntarily discloses the items listed on the attached Form PTO/SB/08A to the Commissioner for Patents. Pursuant to the Waiver in the OG Notice dated August 5, 2003, no copies of any items are enclosed.

Applicant further reserves the right to establish the patentability of the claimed invention over any of the listed information should they be applied as references, and/or to prove that some of the cited information may not be prior art, and/or to prove that some of the cited information may not be enabling for the teachings they purport to offer. This statement further should not be construed as a representation that an exhaustive search has been made, or that the information cited herewith is material, or that there does not exist information more material to the examination of the present Application. The Examiner is specifically requested not to rely solely on the information submitted herein. On the contrary, the Examiner is requested to conduct an independent and thorough review of the information, and to form independent opinions as to their significance.

WCSR 3426981v1

Application Serial No. 10/770,882
Filed: January 30, 2004
Title: "Beveled Corner Carton with Interlocking Separator Pad"

It is respectfully requested that the Examiner initial and return copies of the enclosed PTO/SB/08A and to indicate in the official file wrapper of the above-identified patent application that each item of the cited information has been considered.

Pursuant to 37 C.F.R. § 1.97(b)(3), Applicant respectfully asserts that no fee is due. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to deposit account no. 09-0528.

Date: 9-8-06

carl m. montgomery
C. Keith Montgomery
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(404) 879-2943 (Facsimile)

Docket No.: R029 1450

PTO/SB/08A (08-03)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for Form 1449/PTO		Complete If Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Application Number	10/770,882
		Filing Date	January 30, 2004
		First Named Inventor	Robert L. Sutherland
		Art Unit	3728
		Examiner Name	Johnson, Jerrold D.
Sheet	1	of	1
		Attorney Docket Number	RO29 1450

Examiner Signature _____ Date Considered _____

⁷EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ⁸Applicant's unique citation designation number (optional). ⁹See Kind Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ¹⁰Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ¹¹For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ¹²Kind of document by the appropriate symbol as indicated on the document under WIPO Standard ST.16 if possible. ¹³Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND

For patients, P.O. Box 1450, Alexandria, VA 22313-1450.
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